

Application for W.C. Appellate Commission

All applicants must fill out this form and attach a résumé and a writing sample. Send to: Qualifications Advisory Committee(Attn: Sue Bickel), Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909. Qualifying applicants may be scheduled for an interview with the QAC.

Name			Phone
Address			Alternate Phone
Address			E-mail
City	State	Zip Code	P Number

This section is to be completed only by those applicants who were interviewed in June 2005 and recommended in July 2005

I certify that there has been no material change in my qualifications or experience and that I am still a member in good standing of the State Bar of Michigan.

Signature _____ Date _____
(You do not need to complete the rest of this application form.)

Executive Order No. 2003-1 requires that applicants must either have passed an examination or have five years of legal experience as an attorney in the field of workers' compensation. Please indicate below how you qualify:

I have previously passed the examination. The approximate date on which I took the exam was _____. (The Workers' Compensation Magistrate Exam is acceptable for this purpose.

I wish to take the examination on May 18, 2006.

I have five years of legal experience as an attorney in the field of workers' compensation.

All applicants must complete the table below. Obviously, however, this is of great importance to applicants basing their eligibility on five years of legal experience.

The Executive Order provides:

To meet this requirement, a person must document to the new QAC a period of time totaling at least 5 years during which the person met at least one of the following criteria:

- (i) A significant portion of the applicant's personal practice has been in active worker's compensation trial practice representing claimants or employers.
- (ii) A significant portion of the applicant's personal practice has been in active worker's compensation appellate practice representing claimants or employers.
- (iii) Service as a member of the Board of Magistrates, the former worker's compensation appeals board provided for under the Worker's Disability Compensation Act of 1969, 1969 PA 317, MCL 418.101 to 418.941, the Former Worker's Compensation Appellate Commission, or the new Workers' Compensation Appellate Commission.

Please enter which of the above categories under which you qualify (enter i, ii, or iii) and the time period for that category. For each time period, indicate the approximate percentage of your working time that was devoted to workers' compensation, the approximate number of workers' compensation cases that you worked on, and if it was a trial practice, the name of the magistrate or magistrates before whom you most frequently practiced.

Category	Time Period	% of Time	No. of Cases	Magistrate

Attach a résumé and a writing sample.

Signature _____ Date _____